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**Office of the National Coordinator for Health Information Technology
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Public Hearing on the Needs of Specialty Practice
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As commonly noted by pediatricians, children are not just little adults. This adage is true for both the delivery of care to children and in needs for electronic health records (EHRs) for kids. Providing health care for children differs from adults in a number of areas including screening services, well child care, immunizations, medication management, primary care management and other required activities like mandatory child abuse reporting and activity clearances. The clinical processes for providing care to children, especially well child care, can vary greatly from the processes of providing care for adults. Children also receive care in a number of different settings and from multiple caregivers, including pediatricians, school nurses, and their parents or guardians.

The different clinical needs of children translate directly and indirectly into different data elements and functional requirements necessary to accurately record and present the health data of children in EHRs. Many of these data elements and corresponding functionalities are frequently missing from EHRs, which have commonly been developed without the care of children in mind. At best, these systems are sometimes retrospectively modified to cover the care of children. For example, most commercially available EHRs do not include data fields or other places to capture information on areas such as newborn screening, well child care, growth data, child abuse reporting, and activity clearances. These tasks and their required data elements are very specific to pediatric care. Previous work by the American Academy of Pediatrics (AAP), the Certification Council for Health IT (CCHIT), HL7 International and others has described some of the functional and data requirements for these areas, but standardized representations and full integration into EHRs are still lacking.

The more nuanced differences between an EHR that can help to optimize care for adults and one that can help to optimize care for children surround the topic areas where certain features are available in current EHRs but are underspecified or implemented in ways that can be insufficient or potentially harmful when caring for children. Examples of these areas include medication management, immunization tracking, primary care management, educational materials, terminologies, and security and confidentiality. In these instances, the ways these features are implemented in the adult EHR does not take into account the data representation, decision support needs, data volume considerations, differences in typical diagnoses and chief complaints, and additional needs for security and confidentiality related to the pediatric health record. Although some work has been done to detail the needs of pediatricians and other child health providers, there remains a paucity of records that provide sufficient and accurate health records for children.

The Stage 1 requirements for Meaningful Use only specify a limited set of requirements that are applicable to the care of children, and left room for improvement and the inclusion of additional requirements in the next stages of meaningful use. Current requirements related to the care of children include the calculation of body mass index (BMI) and the plotting and displaying of growth charts (including BMI) for children age 2 to 20; smoking status of patients age 13 and older; and the ability to submit data electronically to immunization registries or Immunization Information Systems. Quality measures relevant to children are found in the core and alternate core set of measures. These include preventive care and screening for tobacco use and cessation, weight assessment and counseling for children and adolescents, and childhood

immunization status. Additional quality measures applicable to children include diabetes assessment and management; asthma assessment and management; prenatal care; and appropriate testing for pharyngitis. In each case, the ability to pull and analyze data from the EHR is necessary, but without the standardized requirements for data fields and functionality related to the care of children, this task can be difficult with existing EHRs.

In an effort to improve the quality of care for children, the Children's Health Insurance Program Reauthorization Act of 2009 charged the Secretary of Health and Human Services with the development of a model EHR format for children enrolled in Medicaid or CHIP. In 2010, in collaboration with and using funding from the Centers for Medicare & Medicaid Services (CMS), AHRQ began the development of a model children's EHR format (model format) with the goal of developing a model format designed to meet the needs of pediatric care providers that includes state-of-the-art clinical standards and Federal IT standards, and reflects the input of pediatric health care stakeholders. Ultimately, the intent is for the model format to be broadly disseminated and adopted by EHR vendors and integrated into their products.

The project has used stakeholder input from a multi-disciplinary group of health IT and children's health experts and advocates to guide the development of the model format. The format includes requirements for functionality, interoperability, usability, applicable data standards, and a minimum set of data elements. This format will describe the incremental requirements needed to use an EHR for the care of children that go beyond the requirements for a general EHR. It is AHRQ's and CMS' goal that the format, when used in combination with the requirements for the ideal general EHR, will enable developers to create new or modify existing EHR products that can support the optimal care for children. The model format is expected to be available later this year.

As the committee moves forward developing recommendations for Stage II of meaningful use, we hope that this project will serve as a useful resource when considering the inclusion of additional pediatric-specific objectives.

Another project that AHRQ has undertaken may provide additional insight into how the meaningful use objectives might better address the needs of pediatricians. AHRQ is currently seeking OMB approval for its contractor to complete a series of focus groups with Medicaid providers about the barriers they face meeting the meaningful use objectives. This study seeks to understand their barriers, priorities, knowledge and use of assistance related to meeting the meaningful use objectives, and potential methods to alleviating these barriers. The focus groups will include pediatricians. The results of the study will be available in early Fall 2011.